

EMPLOYEE INFORMATION

EMPLOYEE NAME LAST, FIRST MI		CLASSIFICATION ENTER CLASS TITLE	
POSITION NUMBER AGY #-UNIT #-CLASS CODE-SERIAL #		CBID ENTER CBID	WWG BILLING CODE

OFFICE
Office of Administrative Hearing

WORK SCHEDULE (Days and Hours)

LUNCH PERIOD	TO	SUN	TO	MON	TO	TUE	TO
WED	TO	THUR	TO	FRI	TO	SAT	TO

WORK ADDRESS (Street, city and Zip Code) CA	TELEPHONE NUMBER (Include Area Code) ()
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MAILING ADDRESS (Street, city and Zip Code – Verified Current)
CA

SUPERVISOR'S NAME LAST, FIRST MI	TELEPHONE NUMBER (Include Area Code) ()
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DATE(S) SUPERVISOR CALLED EAP TO MAKE A FORMAL MANAGEMENT REFERRAL

OFFICE CONTACT PERSON LAST, FIRST MI	TITLE	TELEPHONE NUMBER (Include Area Code) ()
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WORK ADDRESS

EMPLOYEE CLAIMS – Has the employee filed any of the following claims of which your office is aware?

TYPE	YES	NO	PENDING	RESOLVED	TYPE	YES	NO	PENDING	RESOLVED
Worker's Compensation	<input type="checkbox"/>	<input type="checkbox"/>			Grievance	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Industrial Disability	<input type="checkbox"/>	<input type="checkbox"/>			Limited Duty/Reasonable Accommodation	<input type="checkbox"/>	<input type="checkbox"/>		

(If yes to any of the above claims, explain briefly and provide a contact person.)

RECOMMENDATION AND PENALTY

<input type="checkbox"/> LETTER OF REPRIMAND	<input type="checkbox"/> REDUCTION IN PAY – NUMBER OF DAYS/MONTHS _____ % OF SALARY _____	<input type="checkbox"/> REJECTION DURING PROBATION
<input type="checkbox"/> SUSPENSION—NUMBER OF DAYS/MONTHS _____		<input type="checkbox"/> DEMOTION TO _____ (CLASSIFICATION)
<input type="checkbox"/> A LETTER FOR ADMINISTRATIVE TIME OFF IS NEEDED		

SUPERVISOR'S SIGNATURE AND DATE SIGNED DATE	OFFICE CHIEF'S SIGNATURE AND DATE SIGNED DATE	DEPUTY DIRECTOR'S SIGNATURE AND DATE SIGNED (Required for dismissal or demotion) DATE
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ADVERSE ACTION INFORMATION SUMMARY

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GENERAL INFORMATION

This summary is to be completed and forwarded with all adverse action and rejection during probation packages. The information you provide will assist the Office of Human Resources and the Office of Legal Services in providing the best possible recommendations and representation of your office in disciplinary actions.

In addition to the information provided in the summary, please include or attach the following:

- A copy of the notice of adverse action or rejection during probation (BPM only).
- The employee's duty statement and class specification.
- Chronology of incidents/poor performance (i.e., date of occurrence and specific event).

Copies of existing documents that pertain to the adverse action, including:

- Written policies violated by the employee;
- Written witness statements, interview transcripts or summaries (signed and dated);
- Probationary reports and/or annual appraisals;
- Memos given to the employee regarding the incidents of misconduct.
- Supervisor's notes and other materials used to create the list of incidents;
- Time sheets (STD 634s) for all the months encompassed by the incidents (if attendance or AWOL is the issue);
- Other relevant documents.

INSTRUCTIONS

Complete the Employee Information and Employee Claims Sections to provide all pertinent work information. Verify the employee's current address (service of an adverse action is considered faulty if it is to an incorrect address).

The Deputy Director's signature is needed on the request if the office is recommending dismissal or demotion. If the office is recommending a rejection

during probation, the effective date of the action must be prior to the end of the probationary period.

Forward this form and three (3) copies of all supporting documentation to the Office of Human Resources, Performance Enhancement Section.

If you have any questions or require assistance in providing the information requested, please contact the Performance Enhancement Section.

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